7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

APR - 7 2008 and 4- 7- 2 00 8 MICHAEL W. BOBBINS CLERK, U.S. DISTRICT SOURT

IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

Plaintiff PARTEE

O8CV1989

JUDGE GETTLEMAN

Defendant(s)

MAG. JUDGE KEYS

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more if and profile I, (other without declarate co	informatic covide the covide the full product to that I a complaint	ncluded, please place an X into no than the space that is provided additional information. Pleas in the above-encepayment of fees, or □ in sum unable to pay the costs of petition/motion/appeal. In stions under penalty of perjustions under penalty of perjustions.	ded, attach one or more PRINT:, declare that titled case. This affice apport of my motion if these proceedings, support of this petit.	e pages that refe I am the □pla lavit constitute. for appointment and that I am e	er to each such quaintiff Expetitions s my application t of counsel, or leading to the re	estion number mer Imovant I to proceed both. I also lief sought in
1.	I.D. #	ou currently incarcerated? A - / 5 / 2 / receive any payment from	Ø Yes Name of prison or ja the institution? □Y	il: Med	'No," go to Que	حمد ہ سی
2.	Are you currently employed? Monthly salary or wages: Name and address of employer:					
	a .	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last	\$ 21000	1 2004 Approxim	intelo	
	b.	Are you married? Spouse's monthly salary of Name and address of employers.	~ 	MNo		
3.	Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.					
	a. Amou	Salary or wages	Received by		□Yes	⊠ No

b. □ Business, □ pro Amount	fession or 🗇 other self-employment Received by	□Yes	₽ĮNo		
c.	□ interest or □ dividends Received by		⊠ No		
d. □ Pensions, □ soc compensation, □ ur	ial security, annuities, life insurar nemployment, welfare, alimony or m	nce, 🗀 disability naintenance or 🗀	child suppo		
Amount	Received by	⊥ J es	⊠No		
e. 🗆 Gifts or 🗆 inher.	itances	-			
Amount	Received by	□Yeş 	⊠No		
f. Any other sources	s (state source:Received by		-		
Do you or anyone else living at the same address have more than \$200 in cash or checking o savings accounts? Yes No Total amount: Relationship to you:					
Do you or anyone else livi	ing at the same address own any stocks				
financial instruments?	any stocks	s, bonds, securii Filvaa	ites or other		
Property:	Current Value	□JYes	Ø€"NO		
In whose name held:	Current Value: Relationship to you:		VII		
Do you or anyone else live	ing at the same address own any real s, two-flats, three-flats, etc.)?	estate (houses,	apartments.		
Type of property:	Current value:				
In whose name held:	Relationship to you:				
	e or loan payments:				
Do you or anyone else livin homes or other items of person	g at the same address own any automob onal property with a current market value	oiles, boats, trail e of more than \$	ers, mobile 1000?		
Property:	_	□Yes	ØNo		
Current value:		,			
In whose name held:	Relationship to you:		-		
List the persons who are depe indicate how much you contri	endent on you for support, state your relatibute monthly to their support. If none, ch	tionship to each	person and		

I declare under penalty of perjury that the above information is true and correct. I understand that pursuan to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue. Date: Signature of Applicant List Partee, #A-1542 (Print Name)
NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own accountprepared by each institution where you have been in custody during that six-month periodand you must also have the Certificate below completed by an authorized officer at each institution.
CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)
I certify that the applicant named herein, ELUS PARTEE, I.D.# A15421, has the sum of \$.00 on account to his/her credit at (name of institution) MENARD CC.
I further certify that the applicant has the following securities to his/her credit: . I further certify that during the past six months the applicant's average monthly deposit was \$
(Add all deposits from all sources and then divide by number of months). 3/26/08 DATE SIGNATURE OF AUTHORIZED OFFICER GERALDIAGE REPRY

(Print name)

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Bate: 3/26/2008 Time:

1:11pm

d_list_inmate_trans_statement_composite

Page 1

Trust Fund

Inmate Transaction Statement

Print Restrictions ?: Yes; Active Status Only ? : No; REPORT CRITERIA - Date: 09/01/2007 thru End; Inmate: A15421; Include Inmate Totals ? : Yes; Print Furloughs / Restitutions ? : Yes: Transaction Type: All Transaction Types;

Balance Errors Only ? : No

Housing Unit: MEN-N2-05-38 Inmate: A15421 Partee, Ellis

Total inmate Funds:	.00
Less Funds Held For Orders:	.00.
Less Funds Restricted:	.00.
Funds Available:	.00
Total Furloughs:	.00.
Total Voluntary Restitutions:	.00.